

PILL SPLITTER

CUSTOM IMPRINT ORDER FORM

PILL & TABLET SPLITTER

ITEM NO. IMP7345

1. INPUT QUANTITY (MOQ: 2,500 Units)

_____ Units

2. SELECT INK COLOUR

Blue

Red

Green

Black

White

3. IMPRINT INFORMATION (UP TO 3 LINES & 30 CHARACTERS PER LINE) OR SUBMIT COMPANY LOGO ([VECTOR IMAGE ONLY](#))



Special pricing available for larger quantities upon request. Please contact customer service for pricing.

Please Note: A plate & set-up fee will be added to new imprint orders.

Email or fax completed order form to orders@pharmasystems.com | 1.888.475.7155

Pharmacy:

Address:

City:

Province:

Postal Code:

Date:

Name:

Phone:

Fax:

Email:

Wholesaler:

Account No.: